

**Commissioning Statement:**

<b>Intervention:</b>	Adult Snoring Surgery (in the absence of OSA)
<b>OPCS Codes:</b>	F324; F325; F326
<b>Description:</b>	<p>In two systematic reviews of 72 primary research studies, there was no evidence that surgery to the palate to improve snoring provides any additional benefit compared to non-surgical treatments. The surgery has up to 16% risk of severe complications (bleeding, airway compromise, death). A number of alternatives to surgery can improve snoring. These include lifestyle changes (weight loss, smoking cessation and reducing alcohol intake) and medical treatment of nasal congestion.</p>
<b>Summary of Intervention:</b>	<p>Snoring is a noise that occurs during sleep that can be caused by vibration of tissues of the throat and palate. It is very common and as many as one in four adults snore, as long as it is not complicated by periods of apnoea (temporarily stopping breathing) it is not usually harmful to health, but can be disruptive, especially to a person's partner.</p> <p>This guidance relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, laser assisted Uvulopalatoplasty &amp; Radiofrequency ablation of the palate) in an attempt to improve the symptom of snoring. Please note this guidance only relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA) and should not be applied to the surgical treatment of patients who snore and have proven OSA who may benefit from surgical intervention as part of the treatment for OSA.</p> <p>It is important to note that snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g. nose or tonsils) and often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.</p>
<b>Commissioning position:</b>	<p>NHS North Yorkshire CCG does not commission adult snoring surgery in the absence of evidence of OSA.</p> <p>The CCG does not commission surgery in the presence of OSA unless Continuous Positive Airway Pressure (CPAP) and other lifestyle changes (e.g. weight loss, reduction in alcohol consumption where needed) have failed to improve symptoms.</p>

	<p><b>All requests for funding should be submitted to the CCG IFR panel.</b></p> <p>This is on the basis of limited clinical evidence of effectiveness and the significant risks that patients could be exposed to, this procedure should no longer be routinely commissioned in the management of simple snoring.</p> <p><b>Alternative Treatments</b></p> <p>There are a number of alternatives to surgery that can improve the symptom of snoring. These include:</p> <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Stopping smoking</li> <li>• Reducing alcohol intake</li> <li>• Medical treatment of nasal congestion (rhinitis)</li> <li>• Mouth splints (to move jaw forward when sleeping)</li> </ul>
<p><b>Referral Guidance:</b></p>	<p>Exceptional cases can be referred to the CCG's Individual Funding Request Panel for prior approval.</p> <ul style="list-style-type: none"> <li>• HRW/SR GP Practices: <a href="https://ifryh.necsu.nhs.uk/">https://ifryh.necsu.nhs.uk/</a></li> <li>• HaRD GP practices: <a href="#">Referral Form</a></li> </ul>
<p><b>Effective From:</b></p>	<p>1 July 2021</p>
<p><b>Summary of evidence/ rationale:</b></p>	<p>In two systematic reviews of 72 primary research studies there is no evidence that surgery to the palate to improve snoring provides any additional benefit compared to other treatments. While some studies demonstrate improvements in subjective loudness of snoring at 6-8 weeks after surgery; this is not longstanding (&gt;2 years) and there is no long term evidence of health benefit. This intervention has limited to no clinical effectiveness and surgery carries a 0-16% risk of severe complications (including bleeding, airway compromise and death). There is also evidence from systematic reviews that up to 58-59% of patients suffer persistent side effects (swallowing problems, voice change, globus, taste disturbance and nasal regurgitation). It is on this basis the interventions should no longer be routinely commissioned.</p>
<p><b>Date:</b></p>	<p>April 2020</p>
<p><b>Review Date:</b></p>	<p>July 2023</p>

<b>Clinical Author:</b>	Dr Emma O'Neill, Clinical Advisor North Yorkshire CCG
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**Additional Information/References:**

- Franklin KA, Anttila H, Axelsson S, Gislason T, Maasilta P, Myhre KI, Rehnqvist N. Effects and side-effects of surgery for snoring and obstructive sleep apnoea – a systematic review. *Sleep*. 2009 Jan. 32 (1): 27-36
- Main C, Liu Z, Welch K, Weiner G, Jones SQ, Stein K. Surgical procedures and nonsurgical devices for the management of non-apnoeic snoring; a systematic review of clinical effects and associated treatment costs. *Health Technol Assess* 2009; 13 (3). <https://www.ncbi.nlm.nih.gov/pubmed/19091167>
- Jones TM, Earis JE, Calverley PM, De S, Swift AC. Snoring surgery: A retrospective review. *Laryngoscope*. 2005 Nov 115 (11): 2015-20  
<https://www.ncbi.nlm.nih.gov/pubmed/16319615>